

MARYLAND STATE DEPARTMENT OF HEALTH  
**CERTIFICATE OF DEATH**  
 FOR MEDICAL EXAMINERS

3788

Reg. Dist. No. 166

1. PLACE OF DEATH- COUNTY <u>Garrett</u>		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Garrett</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Oakland</u>		LENGTH OF STAY (In this place) <u>5 days</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Accident</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Garrett County Memorial Hospital</u>		STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		(First)	(Middle)	(Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>April 2 1951</u>
<u>Rufus</u>		<u>Bowser</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>		8. DATE OF BIRTH <u>3/11/1882</u>	9. AGE last birthday <u>69</u> yrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED LABOR</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Cove, Maryland</u>	
13. FATHER'S NAME <u>Bowser Jacob</u>		14. MOTHER'S MAIDEN NAME <u>Boyer Catherine</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>212-14-7912</u>		17. INFORMANT <u>Mrs. Elizabeth Bowser - Wife - Accident, Md.</u>	

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH.

Immediate cause

(a) Myocardial rupture

Antecedent cause(s)

(b) Myocardial infarct

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c) Coronary occlusion

INTERVAL BETWEEN ONSET AND DEATH

10 minutes

5 days

"

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☒ No ☐

21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.		PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☐, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

E. L. Bannister M.D. Oakland Md

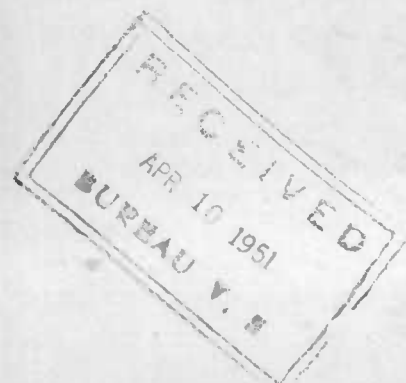
4/2/51

23. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	DATE THEREOF <u>4/3/51</u>	NAME OF CEMETERY OR CREMATORY <u>Cove Cemetery</u>	LOCATION (City, town, or county) <u>Cove, Garrett Co., Md</u>	(State)
DATE REC'D BY LOCAL REG. <u>4/5/51</u>	REGISTRAR'S SIGNATURE <u>Julia M. Cowan</u>	24. FUNERAL DIRECTOR <u>Wm. Wintersberg</u>	ADDRESS <u>Grantsville, Md.</u>	

97000W

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 171

1. PLACE OF DEATH- COUNTY <u>Garett</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Garett</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural Bitteringer</u> LENGTH OF STAY (in this place) <u>Life</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural Bitteringer</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>Althea Alberta Brennamon</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 29 1957</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Oct-19-1922</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	9. AGE last birthday <u>28</u> yrs.
11. BIRTHPLACE (State or foreign country) <u>Rural Bitteringer Md</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13. FATHER'S NAME <u>Dennis Brennamon</u>		14. MOTHER'S MAIDEN NAME <u>Mary Oster</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY No. <u>None</u>	
17. INFORMANT AND ADDRESS <u>Mrs Mary Brennamon, Bitteringer Md</u>			

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Cerebral Hemorrhage</u>			<u>1 day</u>
Antecedent cause(s) (b) <u>Epilepsy</u>			<u>25 yrs</u>
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT (Specify)		PLACE (Home, farm, factory, street, OF office bldg., etc.)		(CITY OR TOWN) (COUNTY) (STATE)	
SUICIDE		INJURY			
HOMICIDE					
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from Jan 1, 1955, to Apr 29, 1957, that I last saw the deceased alive on Apr 28, 1957, and that death occurred at 12:30 a.m., from the causes and on the date stated above.

SIGNATURE N. H. Davis M.D. ADDRESS Grantsville Md DATE SIGNED Apr 29

23. BURIAL, CREMATION REMOVAL (Specify)		DATE		NAME OF CEMETERY OR CREMATORY		LOCATION (City, town, or county) (State)	
<u>Burial</u>		<u>5-1-1957</u>		<u>Bitteringer</u>		<u>Bitteringer Md</u>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		24. FUNERAL DIRECTOR		ADDRESS	
<u>5-1-57</u>		<u>Mrs. J. B. Emory</u>		<u>Wm Winterberg</u>		<u>Grantsville Md</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. 47

COPY SENT TO LOCAL REGISTRAR No. 5 DATE 4-3-51

RECEIVED

MAY 13 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH  
**CERTIFICATE OF DEATH**  
**FOR MEDICAL EXAMINERS**

3790

166

Reg. Dist. No. ....

1. PLACE OF DEATH- COUNTY <b>GARRETT</b> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <b>MARYLAND</b> COUNTY <b>GARRETT</b>	
CITY (If outside corporate limits, write RURAL and give nearest town) <b>OAKLAND</b>		CITY (If outside corporate limits, write RURAL and give nearest town) <b>FRIENDSVILLE</b>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>GARRETT COUNTY MEMORIAL HOSPITAL</b>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <b>HOSEA</b> (Middle) <b>K.</b> (Last) <b>BURGESS</b>	4. DATE OF DEATH (Month) <b>April</b> (Day) <b>27</b> (Year) <b>1951</b>	
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>1/18/1868</b>
9. AGE last birthday <b>83</b> yrs.		10. If under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Common Laborer</b>		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <b>Garrett County, Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
13. FATHER'S NAME <b>HARRY BURGESS</b>		14. MOTHER'S MAIDEN NAME <b>Elizabeth Thomas</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <b>None</b>	
17. INFORMANT <b>Mr. Clark Krazee, Friendsville, Md</b>			

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <b>Lobar Pneumonia</b>		<b>13 days</b>
Antecedent cause(s) (b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
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21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) <b>INJURY</b>	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I certify that I took charge of the remains described above, held an Autopsy ☒ Inspection ☒ Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒ accident ☐ suicide ☐ homicide ☐ undetermined ☐.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

23. BURIAL, CREMATION, REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
<b>Burial</b>	<b>4/30/1951</b>	<b>Fike Cemetery,</b>	<b>Near Asher Glade, Md</b>

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
<b>4/30/51</b>	<b>Julia C. Howard</b>	<b>Emory D. Bolder, Oakland, Md</b>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MAY 10 1951

BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH  
**CERTIFICATE OF DEATH**  
 FOR MEDICAL EXAMINERS

3791

166

Reg. Dist. No.

1. PLACE OF DEATH- COUNTY <b>Garrett</b> CITY (If outside corporate limits, write RURAL and OR give nearest town) <b>Oakland</b> HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>----</b>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <b>Maryland</b> COUNTY <b>Garrett</b> CITY (If outside corporate limits, write RURAL and give nearest town) <b>Oakland</b> STREET ADDRESS (If rural, give location) <b>8 Mi. N W Oakland, Md.</b>	
3. NAME OF DECEASED (Type or Print) (First) <b>Truman</b> (Middle) <b>Clifford</b> (Last) <b>DeWitt</b>		4. DATE OF DEATH (Month) <b>April</b> (Day) <b>5</b> (Year) <b>1951</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>11/6/1880</b>
9. AGE last birthday <b>70</b> yrs.		10. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
11. BIRTHPLACE (State or foreign country) <b>Maryland</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>John DeWitt</b>		14. MOTHER'S MAIDEN NAME <b>Margaret Hawk</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <b>215-01-9089</b>	
17. INFORMANT <b>Mrs. Peder Bassland</b>		18. ADDRESS <b>Oakland, Md.</b>	

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

*Coronary Occlusion*

Antecedent cause(s)

(b)

*Hypertension*

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS  
 Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

20. AUTOPSY?

Yes ☐ No ☐

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) **Burial**

DATE THEREOF **4/8/1951**

NAME OF CEMETERY OR CREMATORY **Hoyes Run Cemetery**

LOCATION (City, town, or county) (State) **Garrett County, Md.**

DATE REC'D BY LOCAL REG. **4/8/1951**

REGISTRAR'S SIGNATURE *John A. Rowan*

24. FUNERAL DIRECTOR **Herbert C. Leighton**

ADDRESS **Oakland, Md.**

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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RECEIVED  
APR 20 1951  
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH  
**CERTIFICATE OF DEATH**  
 FOR MEDICAL EXAMINERS

3792

166

Reg. Dist. No. ....

1. PLACE OF DEATH- COUNTY <u>Sanetti</u>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural Swanton</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural Swanton</u>	
TOWN <u>Swanton</u>		TOWN <u>Swanton</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>1 mi East</u>		STREET ADDRESS (If rural, give location) <u>1-Mile East</u>	
3. NAME OF DECEASED (Type or Print) <u>Victor Frederick Friend</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Apr 15 1951</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED, <u>Married</u>		8. DATE OF BIRTH <u>Oct 7, 1878</u>	
9. AGE last birthday <u>72</u> yrs.		10. If under 1 year Months <u>6</u> Days <u>8</u> Hours <u>15</u> Min.	
11. BIRTHPLACE (State or foreign country) <u>Near Swanton Md</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>John B Friend</u>		14. MOTHER'S MAIDEN NAME <u>Harriet Ann Camp</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>Mo. Duesa Friend, Swanton Md</u>	

18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <u>Coronary Occlusion</u>		
Antecedent cause(s) (b) <u>Arteriosclerosis</u> Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION
21. EXTERNAL CAUSE WAS PRIMARY <input type="checkbox"/> OR CONTRIBUTING <input type="checkbox"/> CAUSE OF DEATH.	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at work <input type="checkbox"/> Not while at work <input type="checkbox"/>
HOW DID INJURY OCCUR?	

22. I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☐ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.

SIGNATURE (Degree or title) E. D. Baumgartner M.D. ADDRESS Oakland Md DATE SIGNED April 17, 1951

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF <u>4-18-51</u>	NAME OF CEMETERY OR CREMATORY <u>George Cemetery</u>	LOCATION (City, town, or county) <u>Swanton Md</u>	(State)
DATE REC'D BY LOCAL REG. <u>4-18-51</u>	REGISTRAR'S SIGNATURE <u>Julia K. Lavan</u>	24. FUNERAL DIRECTOR <u>Obert Shapley Blair</u>	ADDRESS	

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MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
APR 20 1951  
BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 166

3793

1. PLACE OF DEATH- COUNTY <u>Garrett</u> <u>McHenry</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Garrett</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>Rural</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location) <u>Near McHenry, Md.</u>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
(First) <u>John</u> (Middle) <u>Glutfelty.</u> (Last)		(Month) <u>4</u> (Day) <u>27</u> (Year) <u>1951</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>6/8/1870</u>
9. AGE last birthday <u>80</u> yrs.		10. If under 1 year Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Owner of a Farm</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>retired Farmer</u>	
11. BIRTHPLACE (State or foreign country) <u>McHenry, Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Jesse Glutfelty.</u>		14. MOTHER'S MAIDEN NAME <u>Ester Warnick.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <u>none</u>	
17. INFORMANT AND ADDRESS <u>Mrs. Ursula Glutfelty, McHenry, Md.</u>			

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

## Immediate cause

(a)

Organic Heart Disease

## Antecedent cause(s)

(b)

Invalid for 3 years.

Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last

(c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

Yes ☐ No ☐

## 21. ACCIDENT SUICIDE HOMICIDE

(Specify)

PLACE (Home, farm, factory, street, OF office bldg., etc.)  
INJURY

(CITY OR TOWN)

(COUNTY)

(STATE)

TIME (Month) (Day) (Year) (Hour) OF INJURY  
m.INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from April 26, 1951, to April 27, 1951, that I last saw the deceased alive on April 26, 1951, and that death occurred at 5:30 P.M. m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

## 23. BURIAL CREMATION REMOVAL (Specify)

## DATE THEREOF

## NAME OF CEMETERY OR CREMATORY

## LOCATION (City, town, or county)

(State)

## DATE REC'D BY LOCAL REG.

## REGISTRAR'S SIGNATURE

## 24. FUNERAL DIRECTOR

## ADDRESS

May 1-1951John A. RowanEuroy D. BoldenOakland, Md.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

100105

RECEIVED  
MAY 10 1951  
BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 166

1. PLACE OF DEATH- COUNTY <u>GARRETT</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>MARYLAND</u> COUNTY <u>GARRETT</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) <u>OAKLAND</u>		CITY (If outside corporate limits, write RURAL and give nearest town) <u>KITZMILLER</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>GARRETT CO. MEMORIAL HOSPITAL</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>CHARLES</u>	(Middle) <u>HENRY</u>	(Last) <u>HART</u>
4. DATE OF DEATH	(Month) <u>APRIL</u>	(Day) <u>15</u>	(Year) <u>1951</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MARCH 22, 1870</u>
9. AGE last birthday <u>81</u> yrs.		10. If under 1 year Months   If under 24 hrs. Days   Hours   Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) <u>MARYLAND</u>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <u>HART, Henry</u>		14. MOTHER'S MAIDEN NAME <u>WILSON, EMILY</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS <u>Mrs Chas H. Hart</u>			

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

INTERVAL BETWEEN ONSET AND DEATH

Immediate cause

(a) Coronary Sclerosis

Antecedent cause(s)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.Prostatic Hypertrophy

## 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from June 15, 1950, to April 15, 1951, that I last saw the deceased alive on April 15, 1951, and that death occurred at 11:30 p.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF <u>4-17-51</u>	NAME OF CEMETERY OR CREMATORY <u>Greenwood Cemetery</u>	LOCATION (City, town, or county) <u>Kingsman</u>	(State)
DATE REC'D BY LOCAL REG. <u>4-17-51</u>	REGISTRAR'S SIGNATURE <u>Jillia L. Rowan</u>	24. FUNERAL DIRECTOR <u>Otha A. Sharplee</u>	ADDRESS <u>Baltimore</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED

APR 20 1951

BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. ....

3795

1. PLACE OF DEATH- COUNTY <b>Garrett</b>		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <b>Maryland</b> COUNTY <b>Garrett</b>	
CITY (If outside corporate limits, write RURAL and OR give nearest town) <b>Vindex</b>		CITY (If outside corporate limits, write RURAL and give nearest town) <b>Vindex</b>	
TOWN <b>Vindex</b>		TOWN <b>Vindex</b>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>East Vindex</b>		STREET ADDRESS <b>East Vindex</b>	
3. NAME OF DECEASED (Type or Print) <b>ALBERT</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 26 1951</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Nov. 9, 1866</b>	
9. AGE last birthday <b>84</b> yrs.		10. If under 1 year Months <b>3</b> Days <b>17</b> Hours <b>19</b> Min.	
10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired) <b>miner</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>coal mines</b>	
11. BIRTHPLACE (State or foreign country) <b>Garrett Co., Md.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13. FATHER'S NAME <b>Michael Harvey</b>		14. MOTHER'S MAIDEN NAME <b>Ruth Tasker</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, <b>known</b> ) (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <b>None</b>	
17. INFORMANT AND ADDRESS <b>Heawatha Harvey, Vindex, Md.</b>			

## 18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH	
Immediate cause (a) <b>Coronary Thrombosis</b>		<b>Immediate</b>	
Antecedent cause(s) (b) <b>Coronary Heart Disease</b>		<b>5 yrs.</b>	
Disease or conditions, if any, giving rise to the above cause stating the underlying cause last (c)			
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Epilepsy</b>		<b>20 yrs</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT (Specify) <b>SUICIDE</b>		PLACE (Home, farm, factory, street, OF office bldg., etc.) <b>INJURY</b>	
(CITY OR TOWN)		(COUNTY) (STATE)	
TIME (Month) (Day) (Year) (Hour) OF INJURY		INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input checked="" type="checkbox"/>	
HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>Jan</b> , 19 <b>36</b> , to <b>April</b> , 19 <b>51</b> , that I last saw the deceased alive on <b>April 15</b> , 19 <b>51</b> , and that death occurred at <b>2 P.</b> m., from the causes and on the date stated above.			
SIGNATURE <b>Ralph Caloudella M.D.</b>		ADDRESS <b>Blaine, W. Va.</b>	
DATE SIGNED <b>April 27-51</b>			
23. BURIAL, CREMATION (Specify) <b>Burial</b>		DATE THEREOF <b>4/29/51</b>	
NAME OF CEMETERY OR CREMATORY <b>Harvey Cemetery</b>		LOCATION (City, town, or county) (State) <b>near Shaw, Garrett co., Md.</b>	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <b>4/28/51</b>		24. FUNERAL DIRECTOR <b>Otha F. Sharpless, Blaine, W. Va.</b>	

MARGIN RESERVED FOR BINDING

VS. A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

650216

RECEIVED  
JUN 11 1964  
BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 3796  
166

1. PLACE OF DEATH COUNTY <b>Garrett</b>		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <b>Maryland</b> COUNTY <b>Garrett</b>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <b>Mt. Lake Park</b>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <b>Mt. Lake Park</b>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural give location)	
3. NAME OF DECEASED (Type or Print) <b>Amaziah</b>		4. DATE OF DEATH (Month) <b>April</b> (Day) <b>10</b> (Year) <b>1951</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>	
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <b>Married</b>		8. DATE OF BIRTH <b>May 2, 1884</b>	
9. AGE last birthday <b>66</b> yrs.		10. If under 1 year: Months <b>11</b> Days <b>8</b> Hours <b>Min.</b>	
11a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Lumber Inspector</b>		11b. KIND OF BUSINESS OR INDUSTRY <b>Lumber</b>	
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13. FATHER'S NAME <b>John Wesley Johnson</b>	
14. MOTHER'S MAIDEN NAME <b>Clara C. Sines</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY No. <b>232-10-2056</b>		17. INFORMANT <b>Mrs. Eva Long Johnson</b>	

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH			
Immediate cause (a) <b>Apoplexia</b>			
Antecedent cause(s) (b) <b>An Invalid For 7 Years Following an</b>			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <b>Accident.</b>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
21. ACCIDENT (Specify) PLACE (Home, farm, factory, street, OF office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)			
HOMICIDE			
TIME (Month) (Day) (Year) (Hour) OF INJURY m. INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>		HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <b>March 1st</b> , to <b>51 Mar-1951</b> , that I last saw the deceased alive on <b>March 9th, 1951</b> , and that death occurred at <b>1:54 PM</b> m., from the causes and on the date stated above.			
SIGNATURE <b>A. W. Kengel</b> M. D. ADDRESS <b>Oakland, Maryland</b> DATE SIGNED <b>April 11, 1951</b>			
23. BURIAL CREMATION REMOVAL (Specify) DATE THEREOF NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)			
<b>Burial</b> <b>April 13, 1951</b> <b>Eglon Cemetery, Eglon, W. Va.</b> <b>Eglon, West Virginia</b>			
DATE RECD BY LOCAL REG. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS			
<b>4/13/51</b> <b>Julia H. Rowan</b> <b>R. H. H. H. H.</b> <b>Terra Alta, W. Va.</b>			

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

APR 20 1951

BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 166

3797

1. PLACE OF DEATH. COUNTY <b>Garrett</b>		2. USUAL RESIDENCE (HOME) OF DECEASED. STATE <b>Maryland</b> COUNTY <b>Garrett</b>	
CITY (If outside corporate limits, write RURAL and give nearest town) <b>Rural- Swanton</b>		CITY (If outside corporate limits, write RURAL and give nearest town) <b>Rural- Swanton</b>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>Altamont</b>		STREET ADDRESS <b>Altamont</b>	
3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
(First) <b>Jacob</b> (Middle) <b>Roderick</b> (Last) <b>Lee</b>		(Month) <b>April</b> (Day) <b>15</b> (Year) <b>1951</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Oct. 29, 1875</b>
10a. USUAL OCCUPATION (Give kind of work done during past 12 months, even if retired) <b>Trucking</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>	9. AGE last birthday <b>75</b> yrs. If under 1 year Months <b>5</b> Days <b>16</b> If under 24 hrs. Hours <b>16</b> Min.
11. BIRTHPLACE (State or foreign country) <b>near Steyer, Garrett Co. Md.</b>		12. CITIZEN OR WHAT <b>C. &amp; A.</b>	
13. FATHER'S NAME <b>Abraham Lee</b>		14. MOTHER'S MAIDEN NAME <b>Margaret Susan Dimmit</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <b>705-05-9385</b>	
17. INFORMANT AND ADDRESS <b>Mrs. Mae Lee, Swanton, Md.</b>			

## 18. MEDICAL CERTIFICATION

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause (a) <b>Coronary Thrombosis</b>		<b>2 days</b>
Antecedent cause(s) (b) <b>Coronary Heart Disease</b>		<b>2 yrs.</b>
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Rheumatoid Arthritis</b>		<b>10 yrs.</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT (Specify) <b>SUICIDE</b>	PLACE (Home, farm, factory, street, office bldg., etc.) <b>INJURY</b>	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **Jan 1940**, to **April 15, 1951**, that I last saw the deceased alive on **April 14, 1951**, and that death occurred at **9:05 P.M.**, from the causes and on the date stated above.

SIGNATURE **Sheila C. Landell** (Degree or title) **M.D.** ADDRESS **Rt. 2, Swanton, Md.** DATE SIGNED **April 16, 1951**

23. BURIAL, CREMATION OR OTHER (Specify) <b>BURIAL</b>	DATE THEREOF <b>4/18/51</b>	NAME OF CEMETERY OR CREMATORY <b>George Cemetery</b>	LOCATION (City, town, or county) (State) <b>Swanton, Garrett Co. Md.</b>
DATE REC'D BY LOCAL REG. <b>4-18-51</b>	REGISTRAR'S SIGNATURE <b>Julia C. Rowan</b>	24. FUNERAL DIRECTOR <b>Otha F. Sharpless</b>	ADDRESS <b>Blaine, W. Va.</b>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

940506

RECEIVED

APR 20 1951

BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 166

3798

1. PLACE OF DEATH COUNTY <u>Garrett, Oakland, Rd. #1</u> CITY (If outside corporate limits, write RURAL and OR give nearest town) <u>Oakland, Md., Rural</u> TOWN <u>Oakland, Md., Rural</u> HOSPITAL OR INSTITUTION OR STREET ADDRESS		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Garrett</u> CITY (If outside corporate limits, write RURAL and give nearest town) <u>Oakland, Md. Rural #1.</u> TOWN <u>Oakland, Md. Rural #1.</u> STREET ADDRESS (If rural, give location) <u>Rural</u>	
3. NAME OF DECEASED (Type or Print)	(First) <u>Benjamin</u>	(Middle) <u>Franklin</u>	(Last) <u>Lewis</u>
4. DATE OF DEATH	(Month) <u>4</u>	(Day) <u>5</u>	(Year) <u>1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>3/5/1872</u>
9. AGE last birthday	<u>79</u> yrs.	If under 1 year	If under 24 hrs.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY
<u>Owner of a Farm</u>	<u>Farming</u>	<u>Cranesville, W. Va.</u>	<u>U.S.A.</u>
13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME		
<u>Freeman W. Lewis,</u>	<u>Sarah Ann Lewis.</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS	
(If yes, give war or dates of service)	<u>none</u>	<u>Walter C. Lewis, Route #1. Oakland, Md.</u>	

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

Chronic Myocarditis

Antecedent cause(s)

(b)

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

## 19a. DATE OF OPERATION

## 19b. MAJOR FINDINGS OF OPERATION

INTERVAL BETWEEN ONSET AND DEATH

## 20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not White At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 10/22, 1947, to 4/4, 1951, that I last saw the deceasedalive on 4/4/51, 1951, and that death occurred at 4:30 A.m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Burial</u>	<u>4/8/1951</u>	<u>Lewis Family Cemetery</u>	<u>Near Swallow, Fall</u>	<u>Md</u>
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>4/8/51</u>	<u>Julia A. Loman</u>	<u>Emory N. Bolger</u>	<u>Oakland, Md.</u>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

100/105

RECEIVED  
APR 10 1951  
BUREAU V. A.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 166

3799

1. PLACE OF DEATH- COUNTY <b>Garrett</b>		MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <b>West Virginia</b> COUNTY	
CITY (If outside corporate limits, write RURAL and give nearest town) <b>Oakland</b>		LENGTH OF STAY (in this place) <b>5 days</b>		CITY (If outside corporate limits, write RURAL and give nearest town) <b>Preston (Kingwood) W.VA.</b>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>Garrett County Memorial Hospital</b>				STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <b>Cathy</b>	(Middle) <b>Lyman</b>	(Last) <b>Robinson</b>	4. DATE OF DEATH (Month) <b>April</b> (Day) <b>9</b> (Year) <b>1951</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify)	8. DATE OF BIRTH <b>4/3/1951</b>	9. AGE last birthday <b>6</b> yrs.	If under 1 year Months Days Hours Mfn.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Maryland (Oakland.)</b>	
13. FATHER'S NAME <b>Robinson, Donald Ray</b>		14. MOTHER'S MAIDEN NAME <b>Matlick, Betty Geraldine</b>		12. CITIZEN OF WHAT COUNTRY?	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY No. <b>none</b>		17. INFORMANT AND ADDRESS <b>Donald Ray Robinson</b>	

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a)

**Premature Infant**

INTERVAL BETWEEN ONSET AND DEATH

**6 days**

Antecedent cause(s)

(b)

Diseases or conditions, if any, giving rise to the above cause, stating the underlying cause last

(c)

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

## 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office hldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from **4/3/51**, 19....., to **4/9/ 51**, 19....., that I last saw the deceased alive on **4/8/ 51**, 19....., and that death occurred at.....m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

**A.E. Mance. M.D.****Oakland, Maryland.****4/9/1951**

23. BURIAL, CREMATION REMOVAL (Specify) <b>Removal</b>	DATE WHEREOF <b>4-9-51</b>	NAME OF CEMETERY OR CREMATORY <b>Kingwood Cemetery</b>	LOCATION (City, town, or county) <b>Kingwood, W.VA.</b>	(State)
DATE REC'D BY LOCAL REG. <b>4-9-1951</b>	REGISTRAR'S SIGNATURE <b>Julia A. Rowan</b>	24. FUNERAL DIRECTOR <b>Emroy D. Bolden.</b>	ADDRESS <b>Oakland, Md.</b>	

2-1-4031-23-2401

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED

APR 20 1951

BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH CB

Reg. Dist. No. 166

3800

1. PLACE OF DEATH- COUNTY <u>Garrett</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland W. Va.</u> COUNTY <u>Garrett</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Oakland</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Oakland Kingwood</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Garrett County Memorial Hospital</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print)	(First) <u>Michael</u>	(Middle) <u>Alan</u>	(Last) <u>Robinson</u> <i>Twin #2</i>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Single</u>	8. DATE OF BIRTH <u>4/18/51</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday yrs. <u>7</u>
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>Robinson, Donald Ray</u>		14. MOTHER'S MAIDEN NAME <u>Matlick, Betty Geraldine</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS <u>Donald Robinson - Father- Kingwood, W. Va.</u>

## 18. MEDICAL CERTIFICATION

## I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause

(a) Thermature Infant - 7 mos

INTERVAL BETWEEN ONSET AND DEATH

7 days

Antecedent cause(s)

(b) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last

(c)

II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

## 19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION

## 20. AUTOPSY?

Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from 3 a.m., 1957, to 10 a.m., 1957, that I last saw the deceased alive on 10 a.m., 1957, and that death occurred at 8 A m., from the causes and on the date stated above.

SIGNATURE

(Degree or title)

ADDRESS

DATE SIGNED

23. REMOVAL INFORMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county)	(State)
<u>Removal</u>	<u>4/10/51</u>	<u>Kingwood Cemetery</u>	<u>Kingwood, W. Va.</u>	
DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS	
<u>4/10/51</u>	<u>Julia A. Rowan.</u>	<u>Barry D. Bolden</u>	<u>Oakland, Md.</u>	

2-4031-232-40-2

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED  
APR 20 1951  
BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No.

3801

166

1. PLACE OF DEATH COUNTY <u>Garrett</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED STATE <u>Maryland</u> COUNTY <u>Garrett</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Mt. Lake Park</u> LENGTH OF STAY (in this place) <u>7 months</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Rural - Friendsville</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <u>Kiser Nursing Home</u>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>Robert Jackson Sterling</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>4 7 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Self</u>	8. DATE OF BIRTH <u>3/24/1882</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Common labor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Self</u>	9. AGE last birthday <u>69</u> yrs.
11. BIRTHPLACE (State or foreign country) <u>Maryland</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13. FATHER'S NAME <u>John Henry Sterling</u>		14. MOTHER'S MAIDEN NAME <u>Sarah Elizabeth Lewis</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY No.	
17. INFORMANT AND ADDRESS <u>Mrs. B. F. Schroyer, Friendsville</u>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) <u>Heart Failure</u>	<u>1 week?</u>	
Antecedent cause(s) (b) <u>Old Cerebrovascular accident</u>	<u>7 months?</u>	
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
21. ACCIDENT (Specify) SUICIDE HOMICIDE	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 6, 1950 to Apr 7, 1951, that I last saw the deceased alive on Apr 6, 1951, and that death occurred at 1:00 P.M. from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Thomas D. Lushy M.D. Oakland, Md. 8 Apr 51

23. BURIAL, CREMATION, REMOVAL (Specify) DATE NAME OF CEMETERY OR CREMATORY LOCATION (City, town, or county) (State)

Burial 4/9/51 Blooming Rose Near Friendsville, Md.

DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR ADDRESS

4-9-51 Julia G. Nowan Emory Bolden Oakland, Md.

9700VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. AT3

RECEIVED

APR 20 1951

BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 162

3802

1. PLACE OF DEATH- COUNTY <u>Garett</u> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <u>Maryland</u> COUNTY <u>Garett</u>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Grantsville</u>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <u>Grantsville</u>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (First) <u>Albert</u>	(Middle) <u>--</u>	(Last) <u>Warnick</u>	4. DATE (Month) (Day) (Year) OF DEATH <u>April 17 19 51</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>	8. DATE OF BIRTH <u>11-5-1868</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Owner Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	9. AGE last birthday <u>82</u> yrs. If under 1 year Months Days If under 24 hrs. Hours Min.
13. FATHER'S NAME <u>Archibald Warnick</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service)		14. MOTHER'S MAIDEN NAME <u>Helena Otto</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT AND ADDRESS <u>Emons Warnick</u>	

1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		18. MEDICAL CERTIFICATION	INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs</u>
Immediate cause (a) <u>Chronic Myocarditis</u>			
Antecedent cause(s) (b) <u>Arteriosclerosis</u>			
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c) <u>Arteriosclerosis</u>		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>	
21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE (Home, farm, factory, street, OF office bldg., etc.) INJURY	(CITY OR TOWN)	(COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from June 1, 1927, to Apr 17, 1951, that I last saw the deceased alive on Apr 15, 1951, and that death occurred at 7:00 a.m., from the causes and on the date stated above.

SIGNATURE M. R. Davis M.D. ADDRESS Grantsville Md DATE SIGNED Apr 15 1951

23. BURIAL, CREMATION REMOVAL (Specify)	DATE	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
<u>Burial</u>	<u>4-20-1951</u>	<u>New Germany</u>	<u>R.D.2. Grantsville Md</u>
DATE REC'D BY LOCAL REG	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR	ADDRESS
<u>Apr-19-51</u>	<u>E. H. Broadwater</u>	<u>Wm Winterberg</u>	<u>Grantsville Md</u>

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

100105

RECEIVED  
APR 20 1921  
BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 166

3803

1. PLACE OF DEATH- COUNTY <b>GARRETT</b> MARYLAND		2. USUAL RESIDENCE (HOME) OF DECEASED- STATE <b>MARYLAND</b> COUNTY <b>GARRETT</b>	
CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <b>OAKLAND, MARYLAND</b>		CITY (If outside corporate limits, write RURAL and give nearest town) TOWN <b>OAKLAND</b>	
HOSPITAL OR INSTITUTION OR STREET ADDRESS <b>GARRETT COUNTY MEMORIAL HOS.</b>		STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <b>John BABY BOY, Frederick WEIMER</b>	(First) (Middle) (Last)	4. DATE OF DEATH <b>APRIL 3 1951</b>	(Month) (Day) (Year)
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) <b>single</b>	8. DATE OF BIRTH <b>MARCH 28, 1951</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>NEWBORN</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE last birthday <b>7 yrs.</b>
11. BIRTHPLACE (State or foreign country) <b>MARYLAND</b>		12. CITIZEN OF WHAT COUNTRY?	
13. FATHER'S NAME <b>WEIMER, VERYL EUGENE</b>		14. MOTHER'S MAIDEN NAME <b>BITTINGER, RUTH WANDELLE</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY No. <b>NONE</b>	
17. INFORMANT AND ADDRESS <b>Veryl Eugene Weimer</b>			

18. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>2 days</b>
1. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH		
Immediate cause (a) <b>PREMATURITY (8 mos)</b>		
Antecedent cause(s) (b) <b>776X 159</b>		
Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (c)		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
21. ACCIDENT (Specify) <b>SUICIDE HOMICIDE</b>	PLACE (Home, farm, factory, street, OF office bldg., etc.) <b>INJURY</b>	(CITY OR TOWN) (COUNTY) (STATE)
TIME (Month) (Day) (Year) (Hour) OF INJURY	INJURY OCCURRED While at Work <input type="checkbox"/> Not While At work <input type="checkbox"/>	HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **3-28, 1951**, to **4-3, 1951**, that I last saw the deceased alive on **4-3, 1951**, and that death occurred at **7:35 P.M.**, from the causes and on the date stated above.

SIGNATURE **James H. Deane Jr. M.D.** ADDRESS **58 2nd St. Oakland, Md 4-3-51** DATE SIGNED

23. BURIAL, CREMATION REMOVAL (Specify) <b>Burial</b>	DATE THEREOF <b>4/5/1951</b>	NAME OF CEMETERY OR CREMATORY <b>Oakland Cemetery</b>	LOCATION (City, town or county) <b>Oakland</b>	(State) <b>Md</b>
DATE REC'D BY LOCAL REG. <b>4/5/51</b>	REGISTRAR'S SIGNATURE <b>Julius A. Rowan</b>	24. FUNERAL DIRECTOR <b>Herbert C. Leighton</b>	ADDRESS <b>Oakland, Md.</b>	

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED

APR 20 1951

BUREAU V. S.